

FOR
AGENCY
USE

APPLICATION NO.			
DATE RECEIVED			
YR.		MO.	DAY

10. Attach a sketch, aerial photograph, or map of the existing or proposed facility and/or activity, with the following information marked (a Soil Conservation Service aerial photograph, or a U.S. Geological Survey Map, of the area involved is preferred).

- A. Approximate overall dimensions of the facility
- B. Direction and location of surface drainage and other discharges from the facility
- C. General location of waterways (e.g., streams, rivers, lakes) in the area
- D. Location of area for manure disposal
- E. Direction and location of diversion points for irrigation activities

11. Submission of this application is the result of (check as many as are applicable)

- A. ☐ Animal confinement facility
- B. ☐ Fish farm, hatchery, or preserve
- C. ☐ Irrigation return flow
- D. ☐ Other (specify)

If 11A was checked, complete items in, section II, "Animal Confinement and Feeding Facilities."
If 11B was checked, complete items in section III, "Fish Farms, Hatcheries, and Preserves."
If 11C was checked, complete items in section IV, "Irrigation Return Flows."

II. ANIMAL CONFINEMENT AND FEEDING FACILITIES

1. Largest number of animals held by confinement or feeding facilities at any one time in the previous 12 months. Give type and number of animals.

TYPE OF ANIMAL

NUMBER OF ANIMALS

2. Approximate area used for animal confinement or feeding. _____ acres

3. Approximate land available for manure disposal. _____ acres

4. A. Animals in this facility are (check one)
- (1) ☐ In open confinement
 - (2) ☐ Housed under roof
 - (3) ☐ Both in open confinement and housed under roof

B. Percentage of lot under roof is _____ %

C. If there is open confinement, has a run-off and control system been constructed?

- (1) ☐ Yes (2) ☐ No

D. If there are any housed animals at this facility, is there a liquid manure handling system used for manure management?

- (1) ☐ Yes (2) ☐ No If yes, is there a discharge to a waterway (e.g., stream, river, lake)?
- (3) ☐ Yes (4) ☐ No

5. Do you anticipate expansion of this facility in the future?

A. ☐ YesB. ☐ No

If yes, complete the following statements.

C. Date of future expansion
Month/Year

D. TYPE OF ANIMALS

NUMBER OF ANIMALS

III. FISH AND AQUATIC ANIMAL PRODUCTION FACILITIES

1. A. The maximum weight on hand of all species combined occurs during the month of .

B. List the type and average pounds of each species on hand during the month given in 1A

(1) SPECIES

(2) AVERAGE POUNDS
UNDER PRODUCTION

2. Do you produce, cultivate, or hold any nonnative (not native to the United States) species of fish or other aquatic animals?

A. ☐ YesB. ☐ No

C. If yes, describe the procedures, such as disinfection or ultraviolet treatment, which you use to insure that parasites and pathogens do not escape into navigable waters.

3. Is there a discharge for more than any 30 days per year?
If yes, answer 4, 5, and 6.A. ☐ YesB. ☐ No

4. Facility designed for continuous cleaning?

A. ☐ YesB. ☐ No

If no, state the averages to the following questions.

C. Facility cleaned times per (1) ☐ day (2) ☐ month (check one).D. Time required is hours per cleaning.

5. Discharge information.

PARAMETER AND (CODE)	DAILY AVERAGE VALUE DURING NORMAL OPERATION
Flow (00056)	<u> </u> gallons per day
Total suspended solids (00530)	<u> </u> milligrams per liter
Ammonia (00610)	<u> </u> milligrams per liter
BOD 5-day (00310)	<u> </u> milligrams per liter

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6. Average pounds of food fed per day is A. _____ pounds of B. _____ (type of food).

IV. IRRIGATION ACTIVITIES WITH POINT RETURN FLOWS

1. A. Check here if discharge occurs all year. ☐

B. If discharge does not occur all year, check the month(s) discharge occurs.

- | | | | |
|--|---------------------------------------|--|--|
| (1) <input type="checkbox"/> January | (2) <input type="checkbox"/> February | (3) <input type="checkbox"/> March | (4) <input type="checkbox"/> April |
| (5) <input type="checkbox"/> May | (6) <input type="checkbox"/> June | (7) <input type="checkbox"/> July | (8) <input type="checkbox"/> August |
| (9) <input type="checkbox"/> September | (10) <input type="checkbox"/> October | (11) <input type="checkbox"/> November | (12) <input type="checkbox"/> December |

2. Estimate the total number of acres under irrigation using

A. Surface method of irrigation _____ acres

B. Sprinkler method of irrigation _____ acres

C. Other methods of irrigation _____ acres

3. Estimate the total water

A. Diverted for irrigation by this activity _____ acre-feet/year

B. Discharged to surface waters (e.g., lakes, streams, rivers) from irrigation return flow _____ acre-feet/year

4. Estimate the number of separate points at which

A. Water is diverted for irrigation _____

B. Water is returned to surface waters _____

COMMENTS:

Critical items - all.

Form Approved
OMB No. 158-R0096

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
APPLICATION FOR PERMIT TO DISCHARGE - SHORT FORM D

To be filed only by services, wholesale and retail trade,
and other commercial establishments including vessels

FOR
AGENCY
USE

APPLICATION NUMBER									
DATE RECEIVED									
YEAR			MO.			DAY			

Do not attempt to complete this form without reading the accompanying instructions

Please print or type

1. Name, address, and telephone number of facility producing discharge

A. Name _____
B. Street address _____
C. City _____ D. State _____
E. County _____ F. ZIP _____
G. Telephone No. _____
Area Code _____ Remarks _____

2. SIC

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(Leave blank)

3. Number of employees _____

4. Nature of business _____

5. (a) Check here if discharge occurs all year ☐, or

(b) Check the month(s) discharge occurs:

1. ☐ January 2. ☐ February 3. ☐ March 4. ☐ April 5. ☐ May
6. ☐ June 7. ☐ July 8. ☐ August 9. ☐ September 10. ☐ October
11. ☐ November 12. ☐ December

(c) How many days per week:

1. ☐ 1 2. ☐ 2-3 3. ☐ 4-5 4. ☐ 6-7

6. Types of waste water discharged to surface waters only (check as applicable)

Discharge per operating day	Flow, gallons per operating day					Volume treated before discharging (percent)				
	0.1-999	1000-4999	5000-9999	10,000- 49,999	50,000 or more	None	0.1- 29.9	30- 64.9	65- 94.9	95- 100
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. Sanitary, daily average										
B. Cooling water, etc., daily average										
C. Other discharge(s), daily average; Specify										
D. Maximum per operat- ing day for combined discharge (all types)										

7. If any of the types of waste identified in item 6, either treated or untreated, are discharged to places other than surface waters, check below as applicable.

Waste water is discharged to:	0.1-999	1000-4999	5000-9999	10,000-49,999	50,000 or more
	(1)	(2)	(3)	(4)	(5)
A. Municipal sewer system					
B. Underground well					
C. Septic tank					
D. Evaporation lagoon or pond					
E. Other, specify:					

8. Number of separate discharge points:

A. ☐ 1 B. ☐ 2-3 C. ☐ 4-5 D. ☐ 6 or more

9. Name of receiving water or waters _____

10. Does your discharge contain or is it possible for your discharge to contain one or more of the following substances added as a result of your operations, activities, or processes: ammonia, cyanide, aluminum, beryllium, cadmium, chromium, copper, lead, mercury, nickel, selenium, zinc, phenols, oil and grease, and chlorine (residual).

A. ☐ yes B. ☐ no

I certify that I am familiar with the information contained in the application and that to the best of my knowledge and belief such information is true, complete, and accurate.

Printed Name of Person Signing

Title

Date Application Signed

Signature of Applicant

18 U.S.C. Section 1001 provides that:

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and wilfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious, or fraudulent statements or representations; or makes or uses any false writing or document knowing same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both.